



Attorney Dock No. 015351-0001 (B69465)
PATENT

Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Akers, et al.

Group Art Unit: 2166

Serial No.: 09/851,745

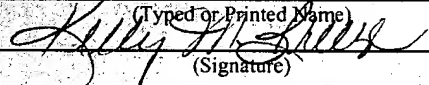
Examiner: Not Assigned

Filed: May 9, 2001

For: SYSTEM AND METHOD FOR
ELECTRONIC MEDICAL FILE
MANAGEMENT

Assistant Commissioner
for Patents
Washington, D.C. 20231

Sir:

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 on <u>7/17/01</u>	
Kelly M. Breeze	(Typed or Printed Name)
	(Signature)

REQUEST FOR CORRECTED FILING RECEIPT

In accordance with the original application as filed, please correct the above-referenced filing receipt, a copy of which is attached, as follows:

Change the Title to read: System and Method for Electronic Medical File Management.

Please forward a corrected filing receipt to the addressee on the original filing receipt.

Respectfully submitted,


Chris J. Rourk

Registration No. 39,348

Date:

7/17/2001
Akin, Gump, Strauss, Hauer & Feld, L.L.P.
P.O. Box 688
Dallas, TX 75313-0688
(214) 969-4669

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/851,745	05/09/2001	2166	413	015351-0001 (B69465)	5	22	4

CONFIRMATION NO. 3915

 20594
 RANDALL C BROWN
 AKIN GUMP STRAUSS HAUER & FELD
 P O BOX 688
 DALLAS, TX 75313

FILING RECEIPT



OC000000006262991

Date Mailed: 07/05/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

 William Rex Akers, Colleyville, TX;
 Jeff W. Canterbury, Fort Worth, TX;
 Blake B. Miller, Austin, TX;
 Craig Alan Walker, Austin, TX;
 James R. King, Waxahachie, TX;
 Jerry L. Graves, Benbrook, TX;
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 Brandon T. Watts, Park City, UT;
 Karen D. Rau, Farwell, MT;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 07/05/2001

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No



** SMALL ENTITY

Title

System and method for electronical medical file management

electronic

Preliminary Class

705

Data entry by : TESFAYE, ALEM

Team : OIPE

Date: 07/05/2001





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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 3915

SERIAL NUMBER 09/851,745	FILING DATE 05/09/2001 RULE	CLASS 705	GROUP ART UNIT 2166	ATTORNEY DOCKET NO. 015351-0001 (B69465)
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 Kevin P. Hale, Fort Worth, TX;
 Brandon T. Watts, Park City, UT;
 Karen D. Rau, Farwell, MT;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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 ** 07/05/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

20594

TITLE

System and method for electronic medical file management

FILING FEE RECEIVED 413	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees (Issue)
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